

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/23/47

CLAIMS

	AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	2				
4	2				
5	2				
6	2				
7	2				
8	2				
9	2				
10	2				
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43	2				
44	2				
45	2				
46	2				
47	2				
48	2				
49	2				
50	2				
TOTAL IND.	2	4			
TOTAL DEP.	17	32			
TOTAL CLAIMS	19	36			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS